

**UTAH STATE MEDICAID NURSING FACILITY  
QUALITY IMPROVEMENT INCENTIVE (1) APPLICATION  
State Fiscal Year 2008**

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**This form and all supporting documentation is due on or before June 8, 2008**

Facility Name: \_\_\_\_\_

Medicaid Provider I.D. \_\_\_\_\_ Administrator: \_\_\_\_\_

Please mark all that are complete:

- ☐ This facility received no violations that are at the IJ level, as determined by the Department, during the incentive period.
- ☐ This facility received no violations that are a Substandard Quality of Care level F, H, I, J, K, or L, as determined by the Department, during the incentive period.
- ☐ This facility was a certified Medicaid provider for all of State fiscal year 2008.
- ☐ This Facility has a Quality Improvement plan which includes the involvement of residents and family. *(A brief description of our Quality Improvement Plan is attached.)* 75% weighting
- ☐ This facility has a process by which our Quality Improvement plan is assessed and measured. *(A brief report describing this process and which includes an example demonstrating how the facility assessed, responded to and re-evaluated a clinical quality concern, is attached.)*
- ☐ This facility has a **customer** satisfaction survey, conducted **quarterly** by a recognized and qualified third-party entity. The following information is attached:
- ☐ Name and brief description of the third-party entity performing the quarterly survey.
- ☐ Brief description of
- the survey questions,
  - who is surveyed,
  - when the surveys are done, and
  - how this facility uses the survey results to improve operations / customer satisfaction.
- ☐ July, August or September survey results summary (e.g., a graph, etc.)
- ☐ October, November or December survey results summary (e.g., a graph, etc.)
- ☐ January, February or March survey results summary (e.g., a graph, etc.)
- ☐ April, May or June survey results summary (e.g., a graph, etc.)
- ☐ This facility embraces "Culture Change." 25% weighting
- ☐ This facility has a plan for "Culture Change." *(A brief description of our plan for "Culture Change" is attached.)*
- ☐ This facility has implemented "Culture Change." *(A brief description of our "Culture Change" plan is attached.)*

**Please ensure that the attached documents do not exceed a total of 12 pages.**

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Division staff will not request additional information relating to this submission. Please be sure to include all necessary information to improve chances of qualifying.